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appropriate. All turner of indicated unless correcte maintenance fee notificat	d below or directed oth	erwise in Block I, by (a	specitying a new corres	spondence address;	and/or (b) indicating a sepa	RAIC PEC ADDRESS 101
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SUITE 301				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. (Depositor's name)		
			<u> </u>			(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/456,166 12/07/1999		JOSE VILLENA	CELLIT-003XX 6064			
TITLE OF INVENTION: NON-BLOCKING EXPANDABLE CALL CENTER ARCHITECTURE						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$0	\$0	\$700	05/22/2007
EXAM	INER	ART UNIT	CLASS-SUBCLASS]		
BLOUNT, STEVEN 2616		370-252000		<u></u>		
I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
ASPECT SOFTWARE, INC. Westford, MA						
Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 🐔 Corporation or other private group entity 🗀 Government						
4a. The following fee(s) are submitted: 3d Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies _two			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Recordence 2008 is attached: The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-3285 (enclose an extra copy of this form).			
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.						
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Authorized Signature					3-25-07	
Typed or printed name	e Daniel J. Be	urque Esquire		Registration N	do. 35,457	
This collection of inform an application. Confiden submitting the complete this form and/or suggest Box 1450, Alexandra, V	ation is required by 37 (tiality is governed by 35 d application form to the ons for reducing this bu (irginia 22313-1450. DO	CFR 1.311. The information U.S.C. 122 and 37 CFR e USPTO. Time will vary riden, should be sent to it of NOT SEND FEES OR	y depending upon the indi he Chief Information Offic COMPLETED FORMS T	retain a benefit by ta stimated to take 12 vidual case. Any ex er, U.S. Patent and O THIS ADDRESS	he public which is to file (an minutes to complete, includi minents on the amount of ti Trademark Office, U.S. Dep 5. SEND TO: Commissioner displays a valid OMB contro	me you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450,